

State Kansas

The following enrollment fee, premium or similar charge is imposed on the medically needy:

NOT APPLICABLE

| Gross Family Income (per mo.) | Charge | | | Liability Period | Frequency of Charge |
|----------------------------------|-------------|--------|-----------|---------------------|------------------------|
| | Family Size | | | | |
| | 1 or 2 | 3 or 4 | 5 or more | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| \$150 or less | | | | | |
| 151 - 200 | | | | | |
| 201 - 250 | | | | | |
| 251 - 300 | | | | | |
| 301 - 350 | | | | | |
| 351 - 400 | | | | | |
| 401 - 450 | | | | | |
| 451 - 500 | | | | | |
| 501 - 550 | | | | | |
| 551 - 600 | | | | | |
| 601 - 650 | | | | | |
| 651 - 700 | | | | | |
| 701 - 750 | | | | | |
| 751 - 800 | | | | | |
| 801 - 850 | | | | | |
| 851 - 900 | | | | | |
| 901 - 950 | | | | | |
| 951 - 1000 | | | | | |
| More than \$1000 | | | | | |

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Effect on recipient of non-payment of enrollment fee, premium or similar charge:

☐ Non-payment does not affect eligibility

☐ Effect is as described below:

NOT APPLICABLE